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Date: Fall 2017
To: Health Care Providers
From: Massachusetts Influenza Surveillance Team
Subject: Expanded Influenza-like Illness* Surveillance in Massachusetts

Thank you for your interest in the US Outpatient Influenza-like Illness Surveillance Network (ILINet) in Massachusetts. The Massachusetts Department of Public Health (MDPH) Immunization Program is recruiting outpatient medical practices to participate in ILINet, a national surveillance system for influenza-like illness (ILI)*. This volunteer program is an invaluable component of influenza surveillance, allowing real-time examination of the ever-changing epidemiology of influenza. **We cannot conduct this important surveillance without your help.**

ILINet participation has two components:

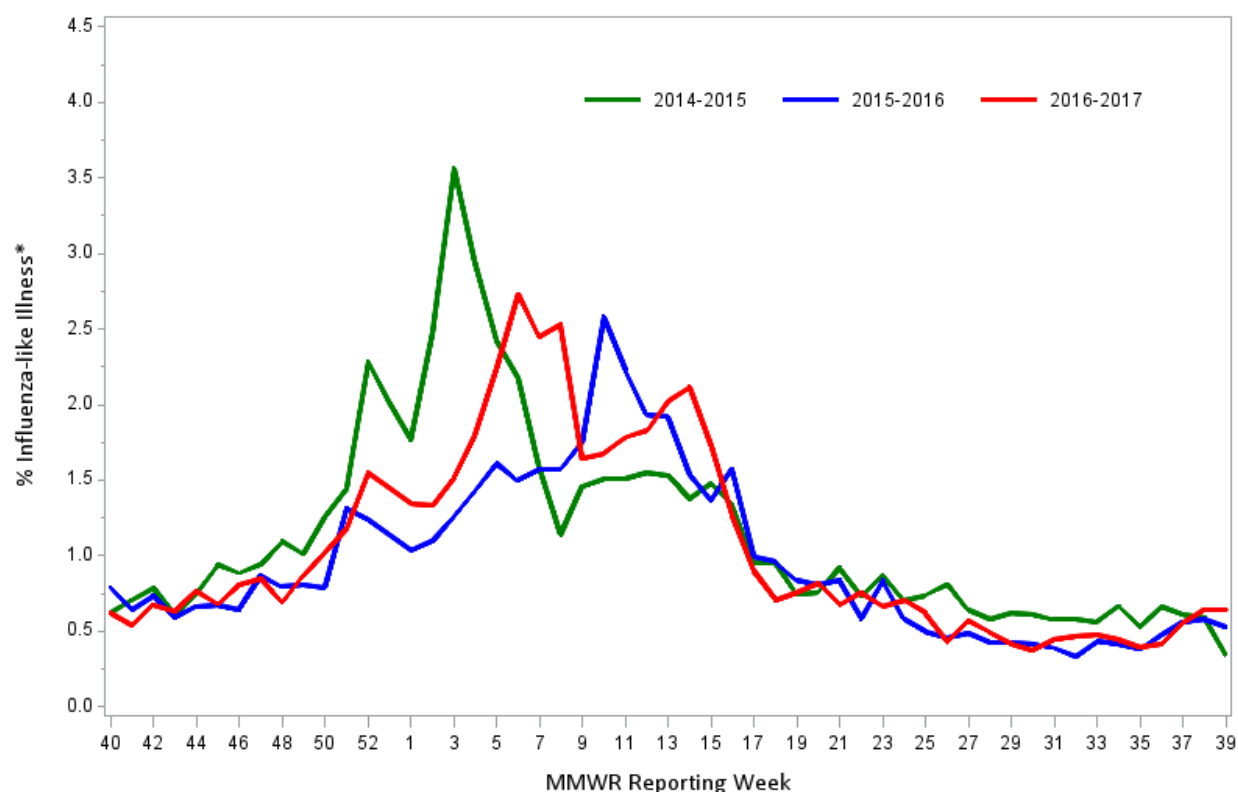
- **Submission of specimens (usually nasopharyngeal (NP) swabs) to the Massachusetts State Public Health Laboratory (MSPHL) for influenza surveillance testing.** Results are provided to the submitting provider/practice. If negative for influenza, our new BioFire FilmArray** will test for several other viruses and bacterial organisms. The kits and the testing, as well as the transportation of specimens to MA SPHL, are provided at no charge to the provider.
- **Weekly data collection and reporting, of patient visits due to influenza-like illness in five age groups, and the total number of patients seen in all age groups for any reason during the week.** Most ILINet participants find that this takes less than an hour each week. Reporting is done electronically. Your reports are summarized weekly, both nationally from the Centers for Disease Control and Prevention and at mass.gov/flu.

Goals

The goals for improved national influenza surveillance are two-fold.

- ILINet provides useful real-time epidemiologic information about both novel (or variant) influenza and seasonal influenza and allows for the rapid detection of changes in severity and/or age-distribution of affected individuals as measured by reports of influenza like illness (ILI).
- It also enables states and the CDC to monitor antigenic changes in circulating viruses in order to provide information for the formulation of vaccine for the subsequent season. In addition, influenza surveillance within the Commonwealth can help to rapidly detect outbreaks and assist disease control through timely preventive action.

Figure 1: Percentage of ILI visits reported by sentinel provider sites



*Influenza-like illness (ILI, defined by fever >100F and cough and/or sore throat), as reported by Massachusetts sentinel surveillance sites

What We Are Asking of You

1) Specimen collection for influenza testing

Collect and submit specimens for laboratory isolation of influenza virus (NP swabs preferred – although other specimen sources are acceptable); We are encouraging sites to submit specimens every week for influenza testing so that we can detect increases in influenza activity and identify which strains of influenza are circulating.

MDPH will supply the flu kits free of charge and will ensure the kits are returned to MSPHL in a timely manner at no cost to your facility. We use UPS for this purpose, and occasionally use a private courier service. Should you need additional flu kits during the season, please contact an Immunization Epidemiologist at (617) 983-6800.

2) Reporting ILI every week

In addition to submitting specimens, we ask that you also report ILI directly to the CDC by Internet or fax beginning with the first week of the new season (this is usually the first week in October). Internet-based reporting of weekly ILI data to the CDC is the preferred method. The weekly data transmission consists of the following **two** items:

1. The number of patients seen for ILI during a given week in each of the following five age categories:
 - a) 0 through 4 years

- b) 5 through 24 years
- c) 25 through 49 years
- d) 50 through 64 years
- e) >64 years

2. **and** the total number of patients seen **for any reason** at your health care setting during the course of a given week.

*Weekly reports should be submitted **even if you have had no patient visits** for ILI during that week. We need to know when you are NOT seeing influenza, too. This is especially significant during the early and late parts of the surveillance period.*

Benefits for Sentinel Sites

As mentioned, each site is provided with respiratory kits to test patients throughout the season. Test reports are sent by ELR, or fax, and mail to the submitting facility once testing is complete. Testing is primarily for surveillance purposes. In addition to influenza results, it may be useful to providers to learn which respiratory pathogens are circulating in your community (via the Biofire Filmarray assay). You will receive regular e-mails and reports from MDPH during influenza season showing the latest flu activity in the state and your region, as well as important announcements related to influenza and the vaccine. An end-of-season summary report is also available to sites. Additional surveillance data can be found on the MDPH website at: <http://www.mass.gov/flu>. Lastly, all actively participating sites will receive a certificate of appreciation from the Centers for Disease Control and Prevention.

Next Steps

We want to work closely with you to facilitate your active participation in the ILINet. Please feel free to contact Joyce Cohen, Influenza Coordinator, at joyce.cohen@state.ma.us with further questions or to enroll.

Again, thank you for your interest and we look forward to partnering with you in influenza surveillance efforts in Massachusetts.

*For reporting purposes, ILI is defined as an illness consisting of a fever (>100°F [37.8°C], oral or equivalent) AND a cough or sore throat (in the absence of other KNOWN cause).

**BioFire FilmArray includes testing for Influenza, Adenovirus, Coronavirus, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Parainfluenza, RSV, *Bordetella pertussis*, *Chlamydophila pneumoniae*, and *Mycoplasma pneumoniae*.